

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036049

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED OCT 7 1963

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

TOWN KANSAS CITY

Length of stay in 1b

46 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

QUEEN OF THE WORLD

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY  
OR  
TOWN KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

2005 Benton

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
BEATRICE ANDERSON CLAYTON4. DATE  
OF  
DEATHMonth Day Year  
9-16-63

## 5. SEX

FEMALE

## 6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3 21 1891

## 9. AGE (last birthday)

72 yrs

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RESTAURANT OPERATOR

## 10b. KIND OF BUSINESS OR INDUSTRY

FOOD SERVICE

## 11. BIRTHPLACE (City and state or country)

FAIRBURN GEORGIA

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

HARRISON TRIMBLE

## 13b. MOTHER'S MAIDEN NAME

FRONIE J ONES

## 14. NAME OF HUSBAND OR WIFE

CHARLES CLAYTON

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

ARTHUR W WARD 2005 Benton Blvd.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Massive infection of small intestines

## DUE TO (b)

Arterial occlusion, mesenteric arteries

## DUE TO (c)

Aortic thrombosis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized arteriosclerosis; chronic congestive heart failure

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May, 1963 to Sept 16, 1963 and last saw her alive on Sept 16, 1963. Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Arthur W. Ward, M.D.

## 22b. ADDRESS

2701 E. 31st Street

## 22c. DATE SIGNED

9/18/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

9 20 1963

## 23c. NAME OF CEMETERY OR CREMATORY

HIGHLAND CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY MO

## 24. FUNERAL DIRECTOR

C.K. KERFORD FUNERAL HOME K.C. MO.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

9-19-63

## 26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

C. FRANKLIN

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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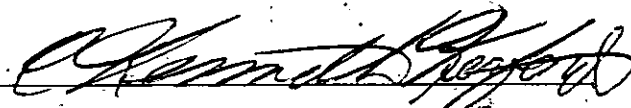
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4437

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.